

State of Georgia Campaign Contribution Disclosure Report

1. Check One:

☒ **Original Report**

OR

☐ **Amendment**
(Please indicate Reporting Period and Year of Original)

2. Filing is being made on behalf of

☒ Candidate or Public Official
(Office sought or held):

[Include county, municipality, district, post or judicial circuit (ie. House District 113)]

OR

☐ Report of Organization or Person Other than Candidate's Campaign Committee

Filing office use

Only
BD OF ELECTIONS
OCT 5 '05
RICHMOND CO., GA

Use Earlier of Post
Mark or Hand
Delivered Date

3. Identifying and Contact Information

(1) Boyles Thomas F (2) 10-5-05
Full Name of Candidate or Non-Candidate Campaign Committee (PAC., Corporation, etc) Today's Date

(3) 2711 Bears Head Road Augusta Richmond GA 30907
Mailing Address City County State Zip Code

(4) 706 863 5249 and / or _____
Contact Phone Number (We will understand the release of this information as permission to call your office if necessary.)

(5) If a Candidate or Public Officer, is there campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports? ☒ Y or N (6) If so, is the Committee registered with the Secretary of State? ☒ Y or N

(7) If so, complete the following: De Jax F Hamilton
Name of Chairperson and / or Treasurer of said committee

4. Period for which you are Reporting You Must Check Only One box

My Non Election Year	My Election Year	Run-Offs (Report Required Only if you are in a Run Off Election)	Special Elections (Report Required Only if you are in a Special Election)
<input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year) <ul style="list-style-type: none"> Persons elected to office in each year following the year in which the election occurs Persons leaving office with excess funds until such funds are expended as provided in the Act Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only). 	<input type="checkbox"/> March 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <input checked="" type="checkbox"/> September 30, <u>05</u> (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> December 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off, ____ (year) <input type="checkbox"/> 6 days before General Run-Off, ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off, ____ (year) <input type="checkbox"/> 6 days before Special Run-Off, ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)

Verification by Oath or Affirmation

State of Georgia County of Richmond
I, Thomas F. Boyles, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents of this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Swore to and subscribed before me on

10/5/05

Thomas F. Boyles
Notary Public

My Commission expires

4/11/06

Thomas F. Boyles
a. Signature of Candidate or b. Organization/Chairperson/Treasurer

PENALTIES: Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics in Government Act shall be guilty of a misdemeanor.

Do Not Forget to Notarize!!!

CAMPAIGN CONTRIBUTION DISCLOSURE SUMMARY REPORT

Full name of (check only one box and complete):

- ☒ **Public Officer or Candidate:** Boyles Thomas F
☐ **Other Person or Organization required to file report:** _____

Contributions Received

1	I have: <input type="checkbox"/> No contributions to report. <input type="checkbox"/> The following contributions, including Common Source, to report:		
		In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Reporting Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous reporting cycle in the cash amount column (line 13 of previous report, or total funds left over at year end of previous cycle.); or C. If this filing is the second or subsequent filing of this Reporting Cycle, list totals from line 6 of previous report in both the in-kind and cash amount columns.	If this is the first report of the Reporting Cycle* Enter 0.	0
3	Total amount of all contributions of <u>\$101.00 or more</u> received in this reporting period. Each such contribution must be listed on the "Listed Contributions Received" page!		0
4	Total amount of all separate contributions of <u>less than \$101.00</u> each that were received in this reporting period. "Common Source" contributions must be aggregated on the "Listed Contributions Received" page!		0
5	Total contributions reported this period (line 3 + 4).		0
6	Total contributions to date (line 2 + 5). Total to be carried forward to next report of this reporting cycle*.		0

Expenditures Made

7	I have: <input type="checkbox"/> No expenditures to report. <input type="checkbox"/> The following expenditures to report:	
8	Total expenditures made and reported prior to this reporting period (line 12 of previous report). IF THIS IS THE FIRST REPORT OF THIS REPORTING CYCLE*, ENTER 0	0
9	Total amount of all expenditures of <u>\$101.00 or more</u> made in this reporting period. Each such expenditure must be listed on the "Listed Expenditures Made" page!	0
10	Total amount of all separate expenditures of <u>less than \$101.00</u> each that were made in this reporting period.	0
11	Total expenditures reported this period (line 9 + 10).	0
12	Total expenditures to date (line 8 + 11). Total to be carried forward to next report of this reporting cycle*.	0
13	Net Balance On Hand (subtract line 12 from "Cash Amount" in line 6).	0

*O.C.G.A. § 21-5-34(b)(1)(D)(ii)

A reporting cycle shall commence on January 1 of the year in which an election is to be held for the public office to which a candidate seeks election and shall conclude:

- (I) At the expiration of the term of office if such candidate is elected and does not seek reelection or election to some other office;
 (II) On December 31 of the year in which such election was held if such candidate is unsuccessful; or
 (III) If such candidate is successful and seeks reelection or seeks election to some other office the current reporting cycle shall end when the reporting cycle for reelection or for some other office begins

Do Not Forget to Notarize!!!

State of Georgia - Campaign Contribution Disclosure Report

Listed Contributions Received of \$101.00 or More

(1) Name _____

- ☐ Original
☐ Amendment

Number *	(2) Full Name of Contributor & Mailing Address (PAC affiliation if applies)	(3) Contributor			(4) Contribution Accepted for which Election	(5) Cash Amount	(6) In-Kind Contributions	
		Date Contribution Received	Occupation	Employer			Estimated Value	Description
		__/__/__				\$	\$	
		__/__/__				\$	\$	
		__/__/__				\$	\$	
		__/__/__				\$	\$	
		__/__/__				\$	\$	
		__/__/__				\$	\$	

Page Total**: \$ _____ \$ _____

The Act requires all public officers, candidates, and campaign committees to list contributions received and expenditures made which are individually \$101 or more and to disclose the total amount of all contributions received and expenditures made which are individually less than \$101.

*For your convenience this column is provided so that you may number your entries. This may be of value in electronic filing, or should you need to amend in the future.

**For the convenience of those persons preparing this document manually, we have included a place to add page totals. The use of page totals will make the completion of the summary page easier.

Page _____ of _____

☐ Amendment

* Number	(2) List Name and Mailing Address of Recipient	(3) Date of expenditure	(4) Occupation or Place of Employment	(5) Expenditure Purpose	(6) Amount
		__/__/__			\$
		__/__/__			\$
		__/__/__			\$
		__/__/__			\$
		__/__/__			\$
		__/__/__			\$
		__/__/__			\$
		__/__/__			\$
Page Total**:					\$

For your convenience this column is provided so that you may number your entries. This may be of value in electronic filing, or should you need to attach in the future.

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